

Substitute for form 1449/PTO

INFORMATION DISCLOSURE
STATEMENT BY APPLICANT

OCT 17 2008

(use as ~~few~~^{many} sheets as necessary)

Sheet

1

of

2

COMPLETE IF KNOWN**Application Number**

10/588.295

Filing Date

August 4, 2006

First Named Inventor

Chartrain, M. et al.

Group Art Unit

1636

Examiner Name

Joike, Michele K.

Attorney Docket Number

21502P

U.S. PATENT DOCUMENTS

[illegible]

FOREIGN PATENT DOCUMENTS

[illegible]

Examiner
Signature

Date
Considered

*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

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